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PATENT

TRANSMITTAL LETTER

GROUP 150

In re Application of:

Attorney Docket No.: MNTC-006-A

Jean-Yves CHENARD et al.

Serial No.: 273,669

Group Art Unit: 153

Filed: November 18, 1988

Examiner: V. Hoke

For: IMPROVEMENT IN THE STABILIZATION
OF VINYL HALIDE POLYMERSTo Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

Enclosed is a Preliminary Amendment and Information
Disclosure Statement. The item(s) checked below are appropriate:

1. ☐ Applicant(s) hereby petition(s) for a _____ month(s)
extension of time to respond to the above Office Action. The
fee of \$ _____ for the Extension is enclosed.
2. ☒ A fee of \$ 1,450.00 to cover the cost of the
additional claims added by this response is enclosed.
3. ☐ A fee of \$ _____ to cover _____
_____ is enclosed.
4. ☒ A check for \$ 1,450.00 to cover the above fee(s)
is enclosed.

If there are any other fees due in connection with the filing
of this response, please charge the fees to our Deposit Account No.
06-916. If a fee is required for an extension of time under 37 C.F.R.
1.136 not accounted for above, such an extension is requested and the
fee should also be charged to our Deposit Account.

Date February 9, 1989By: Richard B. Racine

Richard B. Racine

Reg. No. 30,415Finnegan, Henderson, Farabow,
Garrett & Dunner
1715 K Street, N.W. 450.00 CK
Washington, D.C. 20006
(202) 293-6850

060 02/15/89 273669

In re Application of

Docket No. 1343

Applicant(s): JEAN-YVES CHENARD ET AL

Serial No. 254,313

Filed: April 15, 1981

For: IMPROVEMENT IN THE STABILIZATION
OF VINYL HALIDE POLYMERS

THE COMMISSIONER OF PATENTS
Washington, D.C. 20231

RECEIVED

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is enclosed because this application was filed prior to
October 25, 1965 (effective date of Public Law 89-83.)

☒ No additional fee is required.

The fee has been calculated as shown below.

RECEIVED
APR - 5 1982

GROUP 140

CLAIMS AS AMENDED							
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE	
TOTAL CLAIMS	47	MINUS	59	= 0	x \$2	x 0	
INDEP. CLAIMS	4	MINUS	4	= 0	x \$10	x 0	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT →						0	

*If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 10, write "10" in this space.

☐ A check in the amount of \$ _____ is attached.

☐ Charge \$ _____ to Deposit Account No. _____. A duplicate
copy of this sheet is enclosed.

☒ Please charge any additional fees or credit overpayment to Deposit Account No.
13-2950 _____. A duplicate copy of this sheet is enclosed.

Date

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